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6-18-02

Attorney's Docket No. 003764.P002



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Pinaki Ray

Serial No.: 09/475,768

Filed: December 30, 1999

For: **CONDUIT SYSTEM FOR
ISOLATION OF FLUIDS IN
BIOLOGICAL TISSUES**

Art Unit: 3763

Examiner: Serke, Catherine

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AMENDMENT AND RESPONSE TO OFFICE ACTION

Box Amendments
Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In response to the Office Action mailed February 13, 2002, Applicant respectfully requests entry of the following amendments.

IN THE CLAIMS

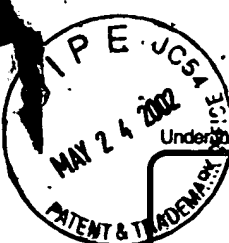
Please amend Claim 1 as follows:

1. (Amended) A system for fluid isolation in a biological mass having at least one upstream channel and at least one downstream channel, comprising:
- a delivery conduit for administering a fluid to the biological mass, the delivery conduit positioned adjacent to or into one of the upstream channels; and

05/28/2002 SDENR081 00000083 09475768

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108.00 OP



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PTO/SB/21(08/00)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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| | | | |
|---|----|------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/475,768 |
| | | Filing Date | December 30, 1999 |
| | | First Named Inventor | Pinaki Ray |
| | | Group Art Unit | 3763 |
| | | Examiner Name | Serke, Catherine |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 3764P002 |

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| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | William Thomas Babbitt, Reg. No. 39,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN |
| Signature | <i>William T. Babbitt</i> |
| Date | May 10, 2002 |

| CERTIFICATE OF MAILING (OR TRANSMISSION) | | | |
|--|---------------------|------|--------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: | | | |
| | | | May 10, 2002 |
| Typed or printed name | Nadya Gordon | | |
| Signature | <i>Nadya Gordon</i> | Date | 05/10/02 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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| | | | |
|--|--|--------------------------|------------------|
| FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small> | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 09/475,768 |
| TOTAL AMOUNT OF PAYMENT (\$) 108.00 | | Filing Date | 12/30/99 |
| | | First Named Inventor | Pinaki Ray |
| | | Examiner Name | Serke, Catherine |
| | | Group Art Unit | 3763 |
| | | Attorney Docket Number | 3764P002 |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|---|--------------|-----------------|----------|------|------|------------------------|----------|-----|-----|-----------------------------------|--------|-----|-----|--------------------------|--|-----|-----|---|--|-----|-----|---|--|-----|-----|------------------------|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number: 02-2666 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Commissioner is authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Code</th><th>Code</th><th></th><th></th></tr></thead><tbody><tr><td>101</td><td>201</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>206</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>207</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>208</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>214</td><td>Provisional filing fee</td><td></td></tr></tbody></table> | | Large Entity | Small Entity | Fee Description | Fee Paid | Code | Code | | | 101 | 201 | Utility filing fee | | 106 | 206 | Design filing fee | | 107 | 207 | Plant filing fee | | 108 | 208 | Reissue filing fee | | 114 | 214 | Provisional filing fee | | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 201 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 206 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 207 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 208 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 214 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\$) 108.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>26</td><td>26</td><td>6 X 18.00 =</td><td>\$108.00</td></tr><tr><td>2</td><td>3</td><td>0 X 84.00 =</td><td>\$0.00</td></tr></tbody></table> | | Total Claims | Extra Claims | Fee from below | Fee Paid | 26 | 26 | 6 X 18.00 = | \$108.00 | 2 | 3 | 0 X 84.00 = | \$0.00 | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 26 | 6 X 18.00 = | \$108.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3 | 0 X 84.00 = | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Code</th><th>Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>203</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>202</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>204</td><td>Multiple Dependent claim</td><td></td></tr><tr><td>109</td><td>209</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>210</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> | | Code | Code | Fee Description | Fee Paid | 103 | 203 | Claims in excess of 20 | | 102 | 202 | Independent claims in excess of 3 | | 104 | 204 | Multiple Dependent claim | | 109 | 209 | **Reissue independent claims over original patent | | 110 | 210 | **Reissue claims in excess of 20 and over original patent | | | | | | | |
| Code | Code | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 203 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 202 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 204 | Multiple Dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 209 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 210 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) (\$) 108.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *or number previously paid, if greater; For Reissues, see above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) (\$) 108.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | * Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----------------------|---|-----------------------------------|--------------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Typed or Printed Name | William Thomas Babbitt, Reg. No. 39,591 | Registration No. (Attorney/Agent) | Telephone (310) 207-3800 |
| Signature | <i>William T. Babbitt</i> | Date | 05/10/02 |

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